

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155162		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/25/2013	
NAME OF PROVIDER OR SUPPLIER AUTUMN RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 600 WASHINGTON AVE WABASH, IN 46992			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00123846</p> <p>Complaint IN00123846 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey date: February 25, 2013</p> <p>Facility number: 000081 Provider number: 155162 AIM number: 100289570</p> <p>Survey team: Sue Brooker RD TC Angie Strass RN</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 9 Medicaid: 38 Other: 15 Total: 62</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2013
FORM APPROVED
OMB NO. 0938-0391

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	IAC 16.2. Quality review completed on February 26, 2013 by Randy Fry RN.						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review the facility failed to prevent a fall for 1 resident (Resident #B) of 3 residents reviewed who were identified as a fall risk.</p> <p>Findings include:</p> <p>Review of the clinical record for Resident #B on 2/25/13 at 10:35 a.m., indicated the following: diagnoses included, but were not limited to stroke with mild right hemiparesis (paralysis), and dementia.</p> <p>A Fall Risk Assessment for Resident #B, dated 1/17/13, indicated he was at risk for falls due to the following factors: new admission to the facility, diagnosis of CVA (stroke), receives narcotics (pain medication) and psychotropics (antipsychotic medication), incontinent or urine and bowel, impaired vision, diagnosis of and/or demonstrates evidence of impaired gait/balance, and confused</p>			F0323	<p>F 323</p> <p>It is the policy of this facility to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>What corrective action will be done by the facility?</p> <p>The resident listed in the 2567 has been discharged from the facility.</p> <p>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</p> <p>All residents at risk for falls have potential to be affected.</p> <p>All staff will be in-service March 12, 2013 on the fall policy and procedure and appropriate interventions by the Director of Nursing or designee.</p> <p>The Director of Nursing or designee will review each</p>		03/12/2013

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	<p>and/or disoriented.</p> <p>A Progress Note for Resident #B, dated 1/17/13, indicated "...Ambulates to chair with x (times) 2 assist (assistance)...."</p> <p>A Temporary Admission Care Plan for Resident #B, dated 1/18/13, indicated the problem area of fall risk. Interventions to the problem included, but were not limited to, observe for fall risk contributors such as unsteady gait, and provide assistance for transfers and bed mobility.</p> <p>A facility Post Fall Investigation for Resident #B, dated 1/19/13, indicated he had fallen on that date at 7:30 a.m. The investigation also indicated he was on the toilet, attempted to stand alone, and fell. The investigation further indicated he was ambulating unattended and should have been assisted by a staff member. A personal alarm was in place per care plan.</p> <p>A Progress Note for Resident #B, dated 1/19/13, indicated "...no post fall injuries noted...Res (resident) placed in wheelchair and personal alarm is intact and functioning...."</p> <p>Certified Nursing Assistant (CNA) #1</p>		<p>resident's fall risk assessment to ensure that it is accurate and current.</p> <p>The nursing assistant assignment sheets and the care plans will be updated to reflect the results of the fall risk assessment.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>- All staff will be in-service March 12, 2013 on the fall policy and procedure and appropriate interventions by the Director of Nursing or designee.</p> <p>The Charge nurse will complete a fall investigation with each fall that occurs (see attachment A). An appropriate intervention will be put into place after each incident and documented on the fall investigation sheet.</p> <p>The interdisciplinary team will meet daily after the morning meeting to review each fall the previous day. This team will review the fall investigation and initiate new interventions as deemed appropriate. The care plans will be reviewed at this time to ensure that all</p>				

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	<p>was interviewed on 2/25/13 at 1:45 p.m. During the interview she indicated she had taken care of Resident #B during his admission in the facility. She also indicated the care each resident required was listed on their CNA assignment sheets and was also discussed during daily shift report. She further indicated on 1/19/13, she had placed Resident #B on the toilet and closed the bathroom door leaving a 6 inch gap to protect his privacy. CNA #1 indicated she then put her head out into the hallway from his bedroom to ask his nurse to come take a look at his bottom. She indicated she heard a rustling sound coming from the bathroom, went to the door, and found him falling onto the floor as she opened the door. She indicated she could not stop his fall and he did not suffer any injuries.</p> <p>Review of facility Resident Care/Need Sheets indicated residents who were considered to be fall risks were identified.</p> <p>LPN #2 was interviewed on 2/25/13 at 2:00 p.m. During the interview she indicated on 1/19/13 she was passing medication on the 3rd floor, where Resident #B resided. She also indicated CNA #1 stepped out of the room of Resident #B into the hallway</p>			<p>new interventions have been placed on the care plan. The nursing assistant assignment sheet will also be updated to reflect this information.</p> <p>The fall risk assessment will be completed upon admission, quarterly and with any significant change.</p> <p>The Director of Nursing or designee will complete daily audits (see attachment B) every shift to ensure that safety interventions are in place and functioning and that direct care staff is providing and able to verbalize the supervision indicated.</p> <p>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</p> <p>To ensure compliance, the Director of Nursing or designee is responsible for the completion of the Fall Management CQI tool weekly times 4 weeks, bi-monthly times 2 months, and then quarterly to encompass all</p>			

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	<p>to ask her to come and see him. She further indicated Resident #B fell in his bathroom trying to get up from the toilet. No injuries were noted. LPN #2 indicated Resident #B was restless when he was first admitted to the facility requiring the need for the alarm.</p> <p>The Administrator was interviewed on 2/25/13 at 2:30 p.m. During the interview he indicated staff should have remained close to Resident #B while he was on the toilet.</p> <p>A current facility policy "Fall Management Program", revised on June, 2012, indicated "...All new admissions will be considered at fall risk based upon his/her new living arrangements, and his/her reasons for being admitted in to the nursing facility...A care plan will be developed at time of admission specific to each resident based upon the results of the fall risk assessment...Charge nurses will communicate the specific care required for each resident to the assigned caregiver on each shift...The interdisciplinary team will discuss new residents on the 1st morning after the day of admission in the clinical meeting...Fall risk will be discussed at this time, including appropriate interventions...."</p>		<p>shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee, which is overseen by the Executive Director. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Transfer technique skills validation check will be completed on all shifts daily for one week, bi weekly for 1 week, weekly times 2 week, and monthly for six months. The results of the skills validation will be reviewed by the CQI committee and overseen by the Executive Director. If 95% compliance is not achieved an action plan will be developed to ensure compliance.</p> <p>Date of Compliance: March 12, 2013</p>				

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	This federal tag is related to Complaint IN00123846. 3.1-45(a)(2)						